



JAN 23 2004



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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: January 23, 2004

Examiner: Chong R. Kim	:	RE: U.S. Patent Application
Art Unit: 2623	:	Serial No.: 09/557,108
Fax: 703-872-9306	:	Applicant: Jiang Hsieh
From: Thomas M. Fisher	:	Atty. Dkt. No.: 15-CT-5344

DOCUMENTS SUBMITTED WITH TRANSMISSION:


Fax Transmittal (1 pg.)
Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action dated November 26, 2003 (24 pgs.)

Total pages including cover page: 28
If all pages are not received, please contact: Linda Driscoll at Ext. 7229

RE: The above referenced U.S. Patent Application
Title: METHODS AND APPARATUS FOR HELICAL RECONSTRUCTION FOR MULTISLICE CT SCAN
Filed: April 24, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 15-CT-5344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Jiang Hsieh	:
		:
		: Group No.: 2623
Serial No.:	09/557,108	:
		:
		: Examiner: Chong R. Kim
Filed:	April 24, 2000	:
		:
For:	METHODS AND APPARATUS	:
	FOR HELICAL	:
	RECONSTRUCTION FOR	:
	MULTISLICE CT SCAN	:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Fax Transmittal(1 pg.)
Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated November 26, 2003 (24 pgs.)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL	31	MINUS	28	=3	x \$9 = \$		x \$18 = \$54.00
IN DEP.	2	MINUS	3	=0	x \$43 = \$		x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$54.00

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

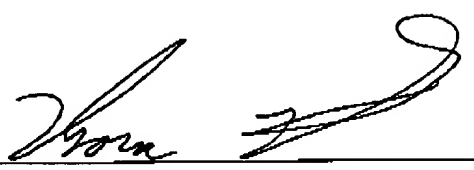
5. Attached is a check in the sum of \$
☒ Charge Deposit Account No. 070845 (GE Medical Systems) the sum of \$54.00.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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